

Tips

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|---|--|---------------------------------|--|
| State of New Jersey Department of Labor Division of Workers' Compensation | Judgment Approving Settlement Dismissal | Order Discontinuance | Case No.'s _____ District Office: _____ |
|---|--|---------------------------------|--|

| | | | | | |
|----------|----------|---|----------|----------|--|
| P | P | Social Security Number _____ Name _____ Age _____ Address _____ County _____ | A | P | Federal Employer Identification Number _____ Name _____ Address _____ Appearing _____ |
| VS | | | | | |
| R | R | Name _____ Address _____ County _____ | I | C | Name (indicate if not covered or if self-insured) _____ Date of Accident or Occupational Exposure _____ Describe (Briefly) _____ |
| A | R | Name _____ Address _____ County _____ Appearing _____ | | | |

| | |
|--------------------|-----------------------|
| Weekly Wages _____ | Rate(s) _____ / _____ |
|--------------------|-----------------------|

If Re-Opened Petition, indicate for last award: Date: _____ Permanent: \$ _____ Temp: \$ _____
 This matter having come on before the court on this _____ day of _____, _____

ORDER FOR JUDGMENT

It appearing that the Petitioner suffered a compensable injury on the above mentioned date while in the employ of respondent; it is Ordered and Adjudged that petitioner be awarded compensation benefits, payable as indicated on Page 2.

ORDER APPROVING SETTLEMENT

The parties having settled the matter and a finding by the Court having been made that the terms of the settlement are fair and just; it is Ordered that this settlement be approved and the petitioner be paid as indicated on Page 2.

ORDER FOR DISMISSAL

This matter having come on for hearing upon the respondent's motion for Dismissal which was made and duly served and there being good cause shown, the claim petition herein is hereby dismissed for

☐ Lack of Prosecution ☐ Other

ORDER FOR DISCONTINUANCE

This matter having come on before the Court and the Court having received evidence that this matter should be discontinued and for good cause shown. It is ORDERED AND ADJUDGED that this matter be discontinued for the following reasons:

It is FURTHER ORDERED that the payment indicated on Page 2 be made a part of the Order for Discontinuance for petitioner's disability. (Percentages and members involved.)

We hereby consent to the entry and form of this order and acknowledge receipt of a copy. (Sign if applicable)

| | |
|--|---|
| _____ Petitioner's Attorney | Steno Fee _____ by _____ _____ (Judge of Compensation) (Date) |
| _____ Petitioner (where applicable) | _____ Name (print or type) |
| _____ Respondent's Attorney | |